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# DIGITAL STORYTELLING: A TOOL FOR EXPRESSING EMOTIONS

**–With institutionalized adolescents of Paimio,  
Finland**



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## Abstract

The use of digital storytelling as a tool for expressing emotions among adolescents under custody is a relatively new concept in the field of mental health care. Digital Storytelling uses media such as video, sound, and still images in order to tell a narrative. This mode can also be utilized within the field of mental health care as a vessel for mental health service users to express the illness experience in a more engaging manner. Additionally, it can help service providers to better understand the mental illness experience and their patients' perspectives.

More frequently, communications in society is becoming digitized. Digital storytelling utilizes technology in an effort to foster better communications, especially among youth, who are some of the most prevalent users of technological communications. Cognitive Behaviour Therapy, a psychotherapy based on talking and changing thought patterns, can be paired with the digital narrative in order to create a more comprehensive therapy regime.

The aim of this thesis is to determine the effectiveness of digital storytelling for expressing the emotions. The project done under this topic is a part of MIMO. The project was done using the guidelines of digital story telling.

The study author conducted a small field experiment using a group of teenagers living in a residential mental health treatment centre in south-western Finland. Each participant was given the tools to create his/her own story and content was analysed using an observational study approach.

## KEYWORDS:

Digital storytelling, institutionalized adolescents, mental health, self-expression, narrative, mental illness, children in custody

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## **List of Abbreviations (OR) Symbols**

CBT	Cognitive behavioural therapy
DST	Digital Storytelling
MIMO	Moving in Moving on
PTSD	Post traumatic stress disorder
S.NASA	Salford Needs Assessment Schedule for Adolescents

# 1 INTRODUCTION

Each individual's mental health is impacted by environment, life experiences, one's own behaviours, and genetics. Together, these components form an individual's own life story. Nurses may have difficulty providing effective treatment if they lack insight into how patients live in their daily lives with illness. The youth-friendly medium of video gathers multifaceted information about young people's lives that are coping with mental illness. (Rich et al. 2000, 155-156.)

Mental health needs are more common among young people aged up to 18 years in the youth justice system than among their peers who do not offend. These adolescents are at high risk of having mental problems in their lifetime. Suppressing the feelings and emotions in their own further increases the risk. So, providing them a media to share their emotions and feelings would be important and basic approach to reduce mental health problems. Further, understanding their problems may also benefit care professional to fulfil those adolescent mental health needs. (Chitsabesan et al. 2006, 534 – 535.) This digital storytelling gives a small group of institutionalized adolescents the opportunity, to express themselves and share insight into their lives through video (Rich et al. 2000, 162).

The aim of this thesis is to help the adolescents under mental and emotional problems to express their emotions with the help of digital storytelling. The task of the project in this thesis is to provide more information about the effectiveness of digital storytelling in expressing emotions.

## 2 BACKGROUND

Understanding mentally disturbed adolescents is a difficult and a challenging process for care providers. Adolescents are often not able to express themselves and this can lead to feelings of helplessness, and thus care providers are unable to find a suitable way to help these youth. (Riley 2001, 54.)

Mental pressure is the common unpleasant physiological or psychological condition that occurs in response to stressful stimuli. The situation worsens when mental pressure is built up more and the individual is not able to express emotions. Emotions and their expression play a bigger and more important role not only in mental health but also in physical health (Synergy Workshop 2005.) Adolescents' perceptions of their emotional health and mastery are important factors to consider in attempts to promote mental health. (Kinnunen et al. 2010,117). Emotional disclosure, due to its anti- inhibition nature, provides a basis for a more profound processing of emotions and consequently emotional variations for better adaptation. Different studies have mentioned various ways of expressing emotions. Past studies have used emotional expression with written structure to reduce stress and inhibition, which furthermore improved mood and reduced stress in the long run and also reduced inhibition, contributing to patient's mental and physical health. (Alipour et al. 2011, 41-46.)

Digital storytelling is a part of art therapy in which one can create his/her own life story. DST typically include strong emotional component. It provides clients a means to explore their emotions and feelings while maintaining a safe and peaceful environment. These emotions may otherwise remain unexpressed verbally due to self-perceived fear in conjunction with an inability to self-express directly. As words cannot always adequately express emotions, art therapy provides a healing space for adolescents to explore their emotions and feelings. (Sweeney 2009, 152.)

Digital storytelling (DST), which is the practice of using computer-based tools to tell stories, came about in the early 1990's when a group of media artists, designers and practitioners got together to merge elements of storytelling with new digital media. (Center for Digital Storytelling, 1994). Most digital stories concentrate on a specific topic and contain a particular point of view. However, as the name clarifies, digital stories usually contain collection of computer-based images, text, recorded audio narration, video clips and/or music. The topics that are used in digital storytelling range from personal tales to the recounting of historical events, from exploring life in one's own community to the search for life in other corners of the universe, and literally, everything in between. (Educational Uses of Digital Story Telling, 2010.)

Digital storytelling has emerged as an important participatory media production method used in a variety of community, medical, educational and academic research settings. It provides a unique opportunity for expression in a sublimated and controlled way. It allows clients to merge and create a sense of symbiosis or wholeness. It can also enhance medical history-taking and management strategies, improve adolescents' self-management skills, self-efficacy and educate clinicians, families, and students of the health care professions about the realities of the adolescent living with mental health problems. (Rich 2000, 162-163; Riley 2001, 55.)

The techniques used in digital storytelling are particularly relevant in the context of adolescent psychotherapy and mental health awareness. Telling and re-telling stories is a fundamental part of all psychotherapy approaches involving CBT, which Narrative Therapy also falls under. (Brosnan et al. 2008, 33-34.)

“The story metaphor can be used to teach skills in dealing with emotions, practicing more positive social interactions and thinking strategies...Telling and re-telling stories is a fundamental part of all psychotherapy approaches. Information embedded within a story can hold greater appeal than a series of facts alone and is

much more likely to engage our imagination and hold our attention. Stories about people's lives and experiences can be appealing to an audience in that elements of the story can bring about resonance with the character and context." (Brosnan, et al. 2008, 33).

## 2.1 Mental health of adolescents in law custody

Individuals who have been institutionalized for long periods suffer from increased fragility in psychological structure, becoming more vulnerable and at risk as a direct consequence of the treatment they receive in such institutions. (Leite et al. 2004, abstract). Depression, anxiety, and other mood disorders, including personality disorders, are commonly seen illnesses among adolescents living under state custody. Studies of young people in custody indicate higher than average levels of depression (18%), anxiety disorders (10%) and psychotic-like symptoms (5%). (Harrington et al. 2006, 36.)

Mental health needs are three times more common among young people aged up to 18 years in the youth justice system than among their peers who do not offend. Adolescents within the justice system suffer a broad range of psychosocial problems and decreased economic opportunities, and as a result, rank amongst the most disadvantaged group within the community. Young people admitted into European and North American youth detention centres suffer high rates of general health problems and psychiatric illness. (The health and wellbeing of incarcerated adolescents 2011.)

Research by pioneering Canadian-born psychologist, Sidney Jourard, has shown that self-disclosure is an important component of mental health. He concluded that mentally healthy people have at least one significant person they trust and know well enough to share important thoughts and feelings with. Less mentally healthy people tend to be unable or unwilling to engage in the kind of self-disclosure and sharing that would enable them to truly know themselves. (Smith 2010, 10.) Some evidence shows that the children under custody of the state hide their painful



feelings in order to present a courageous front to the world. Hiding the emotions and feelings triggers and develops various mental problems but quality of life can be greatly improved through the experience and expression of feelings (Johnson 1997, 255 & Kruk 2008, 7).

There is growing evidence that both clinical and nonclinical factors affect mental health referral and utilization patterns among children under custody. The nonclinical factors implicated are type of maltreatment, racial/ethnic background, age, and type of placement. (Landsverk et al. 2006, page no.)

Vinnerljung et al. (2008, 151) in their research found out that every second teenager had experience maltreatment during his/her formative years. Boys were more often placed than girls for behavioural problems, and more boys than girls tended to enter residential care or secure units. Emotional and behavioural problems include anxiety, emotional disorder, hyperactivity, inattention, conducts disorder, physical aggression and unsocial behaviour.

Bickel et al.(2002, 606) mentioned mood disorder (46%), Post-traumatic stress disorder (36%) and anxiety disorder (32%) as common mental health problems in youths under custody from their study sample. Other problems included conduct disorder and substance abuse, stress disorder, bipolar affective disorder and drug induced hallucinations. (Ian 1996, 789.) Garland and Wood (2001) reported that 19.2% of the adolescents aged 13-18 years who were in child welfare custody met the criteria for a lifetime substance-use disorder and 11.0% had met those criteria during the past year. (Landsverk et al. 2006, 13.)

Suicidal attempts among these adolescents are also common. Bullying and suicidal attempts are found to be inter-related. Compared to those who were not bullied, offenders who were bullied in custody were 9.22 times more likely to attempt suicide. (Kiriakidis, 2008, abstract.)

One in five young people in custody have some form of learning disability and nearly three quarters of young people in these settings have been assessed as

having some form of speech, language or communication need (Bryan, Freer & Furlong, 2007). These issues can interfere with the young person's ability to understand basic communications and instructions as well as affect their engagement with therapeutic and offending behaviour work (Khan 2010, 16).

The Salford Needs Assessment Schedule for Adolescents (S.NASA) mentioned following areas as a part of mental health needs of adolescents under custody:

- aggressive behaviour to people
- aggressive behaviour to property
- inappropriate sexual behaviour
- alcohol misuse
- drug misuse
- depressed mood
- deliberate self-harm
- hyperactivity and attention deficiency problems
- Anxiety symptoms
- PTSD symptoms
- Hallucinations and delusional symptoms

(Harrington et al. 2005, 13)

## 2.2 Institutionalization of adolescents in Finland

For severely behaviorally and emotionally disturbed adolescents residential judicial placement is the last resort in youth protection work. Family judges may only grant permission for this placement if all other efforts to help the adolescents and their families have failed.(Zegers 2007,3.) There is seen growing number of children being institutionalised. Being apart from parental care and ending up in legal custody is because of socioeconomic, moral and psychological reasons. Due to growing incidence of neglectful parenting, family cruelty and violence, it makes

mandatory for law to protect child rights in family and to hold to parents who are legally responsible. (Kyiv 2001, 3.)

The provisions on custody of children are to be found in the Child Custody and Right of Access Act 361/1983). Section 11 part 1 states that “if parents are dead resulting the loss of custody for children, the social welfare board will consult the nearest relatives of the child and put application to the court on the appointment of a custodian and a guardian, where necessary.”

Section 11 part 2 states that “when a child is, due to other reason permanently in the care of someone else than his custodian or custodians, the social welfare board shall take measures to arrange the custody of the child by agreement of the parents or by a court decision, if this is warranted in the best interest of the child. When considering the matter the social welfare board shall pay special attention to the own wishes and opinion of the child and to the relationship between the child and the parents or other custodians.”

Section 11 part 3 mentions that “The Child Welfare Act (683/1983) contains provisions on the taking of a child into protective care by the social welfare board in situations where he is in immediate danger or otherwise in urgent need of protective care.” (Child custody and right of access decree 556/1994, Section 11.)

Supporting above statements, in additional, biological parents may also lose children custody as they become unable to care while sometimes children does something that is harmful to him/her. If the problems created by either of these becomes harmful and not anymore safe, the children’s care must be arranged away from their own home. (Lastensuojelu.info. 2009-2010.)

It is uncommon for adolescents with mental illness to be institutionalized in Finland unless the illness is severe or they are living in a home environment, which the state deems unsafe. Most often, these youth are removed from their parental homes when school attendance becomes irregular or delinquent. Other causes include juvenile crimes such as truancy, stealing at school and destruction of

school property and bullying. However, there was decrease in all these type of offence, which indicates that the safety in Finnish schools has improved. Ending up being institutionalized due to aggressive and callous-unemotional antisocial behaviors (e.g. violence) appear to be most heritable, while non-aggressive antisocial behavior (e.g. shoplifting) is less heritable and more affected by environmental influences in adolescents. (Honkatukia et al. 2006, 368-370.)

Group homes, called "*lastenkoti*" in Finnish, are where most adolescents with behavioural and emotional problems are placed when institutionalized. There, they live in co-ed wards that usually have no more than ten residents at a time. The length of stay varies anywhere from a few weeks to a few years. The multidisciplinary staff-team at the residential treatment centres is composed of social workers, nurses, psychologists, and professionals with relevant educational backgrounds in child development. Within these homey wards, the youth's psychological growth and development is fostered with the hope that they will become fully functioning members of society.

Management of aggressive behavior, a common issue, is a challenge in adolescent such units. Aggressive behavior risks the safety of the treatment milieu for patients and nursing and multidisciplinary staff. However, there is a paucity of literature about how the staffs manage aggressive behavior among patients in adolescent forensic settings, and whether the nursing practices are similar across countries. Treatment is progressive, accessible, and affordable for these youth consumers of mental health services.

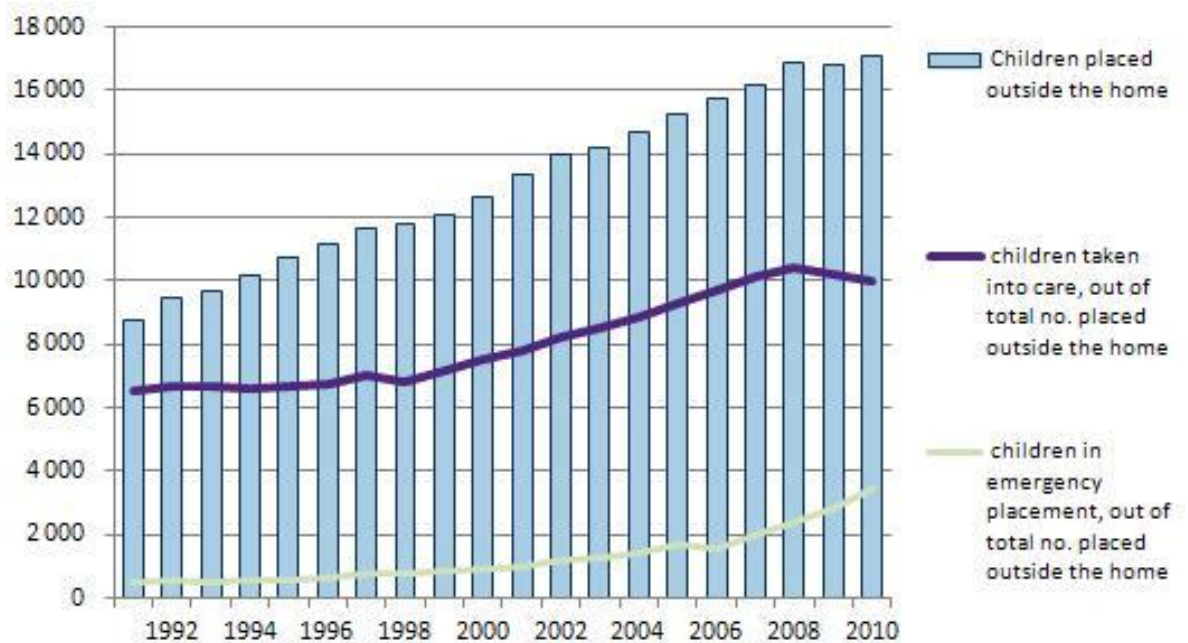


Figure 1. Children and young people placed outside the home and, out of that total, the children taken into care and the children in emergency placement, 1991-2010

(National institute for health and welfare, 2010)

The data are based on data in the National Institute for Health and Welfare Child Welfare Register concerning children and young persons placed outside the home and on summary data that National Institute for Health and Welfare receives annually from municipalities on children and young persons receiving support in community care as part of a child welfare intervention. In 2010, there were more than 78 500 children and young people as clients in child welfare and receiving support in community care, which was 11 per cent more than the previous year. (National Institute for Health and Welfare, 2009.)

### 2.3 Digital Storytelling & application to mental health care

Daniel Meadows, a pioneer in the art of digital storytelling, explains it in the following way: “Digital Stories are short, personal, multimedia tales, told from the heart. Anyone can make them and publish them on screens anywhere. They have the potential to be a very democratic kind of storytelling (Digital Storytelling Finland 2011).” Based on current research and limited research experience, the study author of this bachelor’s thesis attempted to withhold any analysis and followed an observational study approach. (Rosenbaum 2005, 1451–1452).

Center for digital storytelling stated the use of digital storytelling in health care sector. Digital storytelling is used to:

- Assess community health needs, identify resources, and build capacity
- Explore individual and community experiences of illness and health
- Support healing and leadership related to various health issues
- Assist community members, the health sector, and policy-makers to play a role in prevention
- Encourage enrollment in community health promotion/prevention programs
- Support reflective practice, quality assurance, and patient satisfaction
- Create tools for influencing policy-makers
- Serve as a method for qualitative program evaluation/documentation
- Support outreach and peer education models

(Centre for digital story telling, 2012)

According to survey done by Yuskel (2010, 5) respondents mentioned that digital storytelling can be useful in teaching all subject areas (60%). Nineteen people also specified other subject areas in which digital storytelling can be useful for teaching, which included technology literacy, visual literacy, for mental health, social sciences (psychology, public health), and secondary language. Some other respondents from the United Kingdom specified that, digital storytelling “allows the

exploration of discourse that hinders and supports the recovery paradigm from mental illness to mental health.” However, along with the benefits come certain drawbacks and limitations. Mental illness itself can impede the narrative experience, as the sufferer may be hesitant to open up for fear of repercussions on future employment, relationships, and treatment. Certain mental illnesses and their treatments can also hinder one’s ability to maintain focus and use language, thus making the digital storytelling process more difficult or even impossible. Some patients may feel so overwhelmed with trying to explain their illness that they may refuse any participation. (Donahue-Smith, 2011, 138–140.)

Mark (2011) from her study concluded that the difficult life experiences have been a part of great motivation for the people to make a digital story. From her study she found out that DST could possibly help others to learn or gain life lessons. The process of telling experience was emotionally difficult; however was possible because of the supportive context; the storytelling process enabled the participants to positively reframe these difficult experiences; which has subsequently had a positive impact on their lives in general. The result of this study showed positive outcome from the participants about their experiences of digital storytelling and the benefits from DST. Many of the participants are consequently more optimistic about their future. (Mark 2011, 30.)

## 2.4 Methodology

A literature review was written utilizing online databases and journal articles contained therein as reviewing the literature provide suggestions for approaches to study the topic, for methods to use for gathering and analyzing data, and for sampling approaches. (Philip et al. 2010, 278.)

A general web search was conducted through Google searching for sites about digital storytelling and the MIMO project. Articles were selected for the literature review using selection criteria. Databases CINAHL (Ebscohost) and Elsevier

(Science Direct) were searched. Keywords used in the search included: *adolescent, mental illness, digital storytelling, media, narratives, mental health, and arts-based therapy.*

The small study focused on a small group of adolescents (15 years old) living under custody. The objective of the project was to understand their story and ability to express emotions through the media of DST. The project on this thesis was commissioned by the MIMO (see Appendix 2).

A qualitative methodology was used to analyse the videos. Participant observation was done in order to collect data on possible occurring behaviours regarding to the context.

Through participant observation it is helpful to look against participants' subjective reporting of what they believe and do. Participant observation is also useful for gaining an understanding of the physical, social, cultural, and economic contexts in which study participants live; the relationships among and between people, contexts, ideas, norms, and events; and people's behaviors and activities what they do, how frequently, and with whom. (Mack et al. 2005, 14.)

Participant observation was done individually and in teams, as both arrangements were most appropriate for covering the locations and topics at issue. Factors often considered in determining the appropriate arrangement include the age, gender, physical appearance, ethnicity, personality, and linguistic abilities of different data collectors. The objective should be to gather data in the least obtrusive and most efficient manner possible, in light of the specific population and context. (Mack et al. 2005, 18.)

Participant's opinions about the whole process was carefully observed, further the participants were given various choices (hiding their identity, not publishing their videos publicly, assuring to maintain their privacy) to be comfortable enough to express their emotions. (Mack et al. 2005, 2.)



### **3 PURPOSE & AIMS**

The aim of this thesis is to help the adolescents under mental and emotional problems to express their emotions with the help of digital storytelling. The task of the project is to provide more information about the effectiveness of digital storytelling in expressing emotions.

## 4 EMPIRICAL IMPLICATION

The project on this thesis was commissioned by the MIMO (see Appendix 2). MIMO is a three-year research and development project with EU funding from the Central Baltic –program (MIMO 2012). MIMO supports the implementation of performing art-based methods in preventive youth and social work for reaching young people. It creates concrete innovative methods and tools for youth and social workers as well as teachers and artist practitioners in order to help their work with the youth. It encourages current and future (students) professionals to take advantage of project's innovative approaches as a part of their daily work and further supports the sustainability of project's results and the visibility of usually invisible processes through process documentation. (MIMO 2012.)

The process of DST was generalized into five steps to create better understanding for the participants. The estimated time for whole process was 5 weeks providing enough time for the participants to work on their project.

Various institutional organisations were contacted and informed about the project. But the final placement of the project took place in “Veikkarin erityislastenkoti ja koulu”/Care Component which is situated in Paimio (a part of Finland proper region). Care Component Ltd is a group of social welfare and education professionals, whose goal is to create an organization that is capable of providing customized, flexible child welfare services. Component Care is a leading private child welfare service provider in southwestern Finland. Different target groups (psychiatric rehabilitation, immigrants, families) are taken into account the needs of a diverse range of services. Component care acts as a separate therapy and specialist services company.

The first visit was done in 1<sup>st</sup> March. The aim of the project and its process was first introduced to the manager of the company and the information was then after forwarded to the participants and their guardians. To prevent ethical conflicts

informed consents were sent to participants' guardians to get permission for the participations.

Three participants were taken in this project among five as the remaining participants have had individual problems and were not able to participate. The three participants were only boys of age (level not exact). Two of the participants were Finnish citizens and one was foreigner. The implementation of the project could not work as planned due to some issues. So, the time was reduced. The general information about DST was discussed in a group. The format of DST was shown to the participants to make better understanding. The reactions of the participants were positive as they find making their own video quite interesting. The first meeting went for an hour. The discussion was done in Finnish language. The participants were given a week to prepare script and collect the picture at the same time. The tools needed for this project were provided by the MIMO to the participants during the process. The participants were contacted through the email in between if they would need guidance and help while doing their tasks.

The project is based on qualitative research methodology. The strength of qualitative research is its ability to provide complex textual description of how people experience a given research issue. (Mack et al. 2005, 1-4)

The form of qualitative data taken in this project is combination of video and recordings. The three participants were told to make their own story and collect the pictures, which could relate it. Further, they were told to create their own video in digital story telling format. The videos were viewed and analysed.

"Sampling for qualitative research is an area of considerable confusion for researchers experienced in the hypothetical-deductive model. This largely relates to misunderstanding about the aims of the qualitative approach, where improved understanding of complex human issues is more important than generalizability of results". (Marshall 1996, 524.)

## 5 RESULTS

The participants with the help of guidance were able to do their DST. The selection of the pictures, and topic of the story was their personal choices. The participants were found to have difficulties in writing the script part. However, their story revealed various events of their life, which they categorized as important part of the life. The common subject was about their parent's divorce. In addition, their participation in writing the story was very active. All of the participants were able to tell something important event of their life. Despite of less number of participants various differences were seen. Some of them find it challenging at the point of reading the script rather in compared to write it, while some of them find it really interesting to listen their voice with music. During the individual observation, it was observed that all of the participants were feeling uneasy to select the pictures at some point where there was strong emotional event. Despite of guidance, the participants were exhausted and frustrated as they went deeper to their theme of the topic. However, they were re-assured that their ability to express and their decision of selecting the topic is their personal choices.

Apart from some difficulties, they find it interesting in composition part of the video. The music pictures and effects on the video added more fun during the composition of the videos

### Case studies

CASE 1: The first participant (15yrs old) was comfortable to express the emotions and the participant seemed to be active. The major issues mentioned in his story were parental divorce, his hobbies, friends and sports. During picture selection, his selections and preferences of pictures were very different with good and happy themes in compare to others. He was fast in selecting the pictures for the video. The participant was observed closely and was interested throughout the whole process.

CASE 2: This participant was different in compared to other. Expressing the emotions was quite challenging according to him. The participant was very self-concerned and conscious about his identity. He was very limited in expressing the emotions. However, without expressing emotions fully, DST still helped to give some information from his video. The participant mentioned only about his hobbies and his interest to music. The participant was not active in compared to the previous one. The participant struggled to tell his story in compare to writing. His selections of pictures were very strong unlike to previous participant.

CASE 3: The third participant had many issues in his story. However, he was confused while writing the story. He mentioned; “I don’t know how far and deep I need to write. I went too deep and then I find very difficult to mentioned in this small paper.” The participant mentioned about his identity, the reasons why he end up in institutional care, bad times of his life and parental divorce. Selections of pictures were also confusing to him. He always mentioned that whatever incidents happened in his life, he is still satisfied with it.

In their stories, two out of three participants mentioned their parental divorce in their story. This is a very common reason, which affects the mental health of adolescent, which is also supported from some studies. It is more likely that the boys who had experienced parental divorce in latency are depressive. Interpersonal problems in adolescence predict depression in young adulthood especially in the group of latency-aged boys. (Palosaari et al. 1994.) One of the participants further mentioned that he was not getting proper care and he end up running from the house. He also mentioned that he had so many problems regarding the adjustment in institution, so he was transferred to another one, which was better. Regular tasks and additional works and having tight schedule was annoying for one of the participant. He mentioned having stress when he have tight schedule. Apart from these Sports, music and friends, these three factors were all of the participant’s favorites. One participant mainly focused only on music as a great part of his life. His favorites were very strong music, which were named as

bullet for my valentine, suicide silence etc. while other put emphasis on sports and friends apart from music.

The videos made by the participants were very clear and the overall issues that the participants mentioned were only about their personal life; their activities and also they included their problems also. They were able to write about their personal feelings and make a story accordingly. Writing the script, which was the main part, was not easy according to them. Not because they do not want to say but because they could not make a decision on what topic they should write. This some how shows that they really have many unexpressed things in their mind. Their stories were meaningful and real and touching as well. They put their own pictures and selected themselves to make story more attractive. They were enjoying it by the end of making story.

## 6 DISCUSSION

The participants being 13-17 yrs. old needed their parents' and organization's permission to participate in this project. The consent form and description of the project was sent to the parents respecting their rights to know about their children. Informed consent was obtained through the use of an informed consent form, in Finnish. It explicitly stated that all video material is the property of Turku University of Applied Sciences, and that all health related information gathered in the videos should be held confidential by the study author and the University. Additionally, participants' identities remain anonymous. Parents were promised that their children's video would not be published publicly however professional teachers of TUAS may have access.

The total time period for this project was changed due to delay in agreement within the parents. Therefore the time period was shortened from 5 weeks to 2 weeks to finish the project work in time. However, the time was still enough for the participants as they said.

Ethical considerations:

Every individual's unique gifts and abilities and their right to dignified and humane care was regarded. Each storyteller and their guardians' ability to make informed decisions were respected. Consent 'protocol' was deliberately written in an accessible way; the intentions of what will happen at every stage of the process were described carefully. The key concept of beneficence was taken during the project. The beneficence is defined as the obligation to do good. The participants had the right to quit the project at any time if they feel they are not safe. The ethical aim of the project was to do good to adolescents by teaching them how to express their feelings through DST. The effort was to ensure a safe and contained environment for sharing personal stories, and to empower storytellers to create their own stories in their own ways that often help them to resolve past issues and move on with their lives. The principle of veracity is the obligation to tell the truth

and not to lie. Participants were told about the actual process of DST, and emotional challenges that they might face during the process. The participants were promised that they get help immediately if they need help and guidance at some point during the process, they can immediately contact the author. The author contacted the participants by e-mail in between the visits and guided them throughout the project.

(Fry et al. 2008, 22-25 and Hardy et al. 26-30.)



## 7 CONCLUSION

The concept of digital storytelling was introduced way before however it's application and benefits on mental health is rarely discussed. The DST tool can be further applied in advanced way to improve its functional quality. The narrative concept is one part of digital storytelling. And the other part is of art to express it effectively using digital tools. The combination of art and narrative makes it an effective tool to express emotions. The process of creating a digital story forces storytellers to choose a topic that can be appropriately conveyed to a particular audience, with electronic elements, in the time available. This dynamic creates an opportunity to reflect on life and find deep connections with the subject matter of a course or with an out-of class experience. (Digital storytelling, University of Regina.)

The project done in this study showed some positive results regarding expressing emotions. Although, the number of participants was less, everyone had their emotions to express, which varied from each other. Understanding the emotions is very complicated among adolescents as they are generally shy in nature. Furthermore, it is even more difficult in case of adolescents who are institutionalised. The violent behaviour, which is more common problem with adolescents, creates a barrier between health care personnel and individual to share and understand their on-going problems.

The concept and aim of the project was to see if those adolescents who have some emotional stress could address their feeling through DST. In additional, the project also focused on the problems that they would mention in their videos. Digital storytelling might be used as part of therapeutic tool to express anger, emotions, fear and other stress, which are difficult to express verbally and directly. From this observational study, it was seen that there is more possibility to know the problems through DST that is not often expressed directly through verbal communication.

The literature review done for this project supports the results that are obtained at the end of the project. The participants' difficult life experiences motivated them to make a digital storytelling. It supports the idea of DST. There is always some strong point in DST, which might be educational or emotional. The DST process used in this project has helped both participants and viewers from educational and emotional point.

The study was done in very few numbers of adolescents. The result might not be same in all cases. The difficult part of telling DST, which is script writing, might put them into more stress. This tool might not help with all mentally stressed individuals. Further studies in larger group should be done in order to see the proper effect of DST on expressing emotions. Not all people might choose this media for expressing emotions. However, ability to express the emotions through digital storytelling might help them to find a way to relieve from developing mental stress and problems.

## SOURCE MATERIAL

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**TURUN AMMATTIKORKEAKOULU**  
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**DIGITAL STORY TELLING: MIMO Project**  
**SUOSTUMUSLOMAKE**

**Arvoisa Vanhempi,**

Lastanne on pyydetty osallistumaan, Turun Ammattikorkeakoulu opiskelija Sarada Kharelin opinnäytetyö-projektiin. Projektissa tehdään video – digitaalinen elämäntarina jostain merkityksellisestä tapahtumasta.

Lastanne pyydetään kirjoittamaan omaan elämään liittyvä lyhyt tarina. Tarina voi olla mikä tahansa hänelle merkityksellinen tilanne, jonka hän haluaa jakaa. Tarina kerrotaan kuvin, sanoin ja tekstein hyödyntäen digitaalisia työkaluja. Lopputuloksena on lyhyt video.

Tapaamiset lapsenne kanssa ajoittuvat maaliskuuhuhtikuulle ja ovat kerran viikossa Pienryhmäkoti Veikkariassa, Paimiossa. Lopullinen video on valmis huhtikuun puolella välissä. Videota käytetään vain opinnäytetyössä, jossa opiskelija Sarada Kharel analysoi tuotetun videon sisällön, liittyen nuoren itseilmaisuuksiin. Työskentelyyn ei sisälly mitään fyysisiä riskejä mutta jonkin verran psykologisia ja emotionaalisia haasteita voi tulla prosessin aikana. Työskentelyämme kautta rakennamme luottamusta ja itsetuntoa.

Lapsenne henkilökohtaisia tietoja/tarinaa ei käytetä muuta kuin analysointi tarkoituksessa. Turun ammattikorkeakoulun opinnäytetyötä ohjaavat opettajat Mari Lahti ja Tarja Bergfors voivat myös katsoa lapsenne videota. Osallistuminen on täysin vapaaehtoista. Lapsellanne on oikeus olla osallistumatta lainkaan tai keskeyttää projektissa mukana olo milloin tahansa.

\_\_\_\_\_ (lapsen nimi) osallistuu tutkimukseen

\_\_\_\_\_ Vanhemman tai huoltajan allekirjoitus ja nimen selvitys

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Application of Art-Based Methods  
to Social and Youth Work

#### Tiedote vanhemmille ja nuorille

Olette osallistumassa Turun ammattikorkeakoulussa meneillään olevaan projektiin MIMO. Projekti on kolmivuotinen EU:n rahoittama Central Baltic- (Central Baltic INTERREG IV A 2007–2013). Projektissa keskitytään moniammatillisiin taidelähtöisiin menetelmiin sosiaalityön ja nuorisotyön kehittämisessä. Projektin kohderyhmänä ovat 13-17 vuotiaat syrjäytymisriskissä olevat nuoret.

Turun ammattikorkeakoulun opiskelija Sarada Kharel tekee opinnäytetyötään projektissa ja keskittyy pienryhmätyö nuorten itseilmaisun digitaalisen tarinankerron avulla. Digitaalisen tarinankerron avulla nuoret voivat kuvata itselleen jonkin merkityksellisen tilanteen käyttäen kuvaa, tekstiä ja ääntä. Prosessi etenee askel askeleelta; ensin nuoret tekevät käsikirjoituksen, keräävät kuvia (omia tai tietokoneelta), nauhoittavat ääntä (lukien tarinansa) ja lopuksi kokoavat kaiken yhdeksi videoksi eli digitaalseksi tarinaksi.

Projektin tavoite on parantaa nuorten itseluottamusta, rakentaa itsetuntoa ja luoda heille tie jakaa omia henkilökohtaisia tuntejaan. Lisäksi projekti auttaa heitä ymmärtämään heidän omaa tarinansa (esim. Mitkä asiat tekevät heidät onnellisiksi/surullisiksi).

Projektin alustava aikataulutus on kuvattu alla olevassa taulukossa.

Tapaamiset	Tehtävät
1. tapaaminen	Pieni esitys digitaalisesta tarinankerronnasta. Osanottajat alkavat kirjoittaa käsikirjoituksia
2. tapaaminen	Käsikirjoitus valmis. Kuvien kerääminen
3. tapaaminen	"Tarinapöydän" luominen
4. tapaaminen	Äänen nauhoittaminen
5. tapaaminen	Materiaalin kokoaminen. Lopullisen videon teko.

Mikäli teillä on kysyttävää, vastaamme mielellämme lisäkysymyksiin.

Kiittäen,

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